INTERAGENCY AGREEMENT

Mobile Integrated Health (MIH) Program

This Interagency Agreement (" Agreement ") is entered into pursuant to RCW 39.34 by and between **King County Public Hospital District No. 5, doing business as Vashon Health Care District ("VHCD")**, and **King County Fire Protection District No. 13, doing business as Vashon Fire and Rescue ("VIFR")**, each a public agency of the State of Washington (collectively, the "Parties").

1. RECITALS

1.1 VHCD Authority

WHEREAS, VHCD is a public hospital district duly organized and existing under **Chapter 70.44 RCW**, and is authorized to provide, fund, and support health care services and programs for residents of the District, including community-based, preventive, and population-health services;

1.2 VIFR Authority

WHEREAS, VIFR is a fire protection district duly organized and existing under **Title 52 RCW** and **RCW 52.12.031**, and is authorized to provide emergency medical services, community health, medical response, and Mobile Integrated Health services as permitted by law, including under **Chapter 70.168 RCW** (EMS and Trauma Care System);

1.3 Interlocal Cooperation Authority

WHEREAS, **RCW 39.34** authorizes public agencies to enter into interlocal agreements for joint or cooperative action in furtherance of their lawful purposes;

1.4 MIH Program

WHEREAS, VIFR operates a Mobile Integrated Health ("**MIH**") program providing community-based medical, behavioral health, and social support services under appropriate medical oversight;

1.5 Public Purpose

WHEREAS, VHCD is authorized to fund and support such services when they advance the public health, safety, and welfare of Vashon/Maury Island residents;

1.6 Governing Body Approval

WHEREAS, the Board of Commissioners of VHCD has approved this Agreement by resolution, and the Board of Commissioners of VIFR has approved this Agreement by resolution, each pursuant to **RCW 39.34.030(2)**;

1.7 Intent

WHEREAS, the Parties desire to formalize and expand MIH operations on Vashon Island in a coordinated, non-duplicative manner that augments existing services and improves access to care;

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein, the Parties agree as follows.

2. DEFINITIONS

2.1 MIH Program

"MIH Program" means the Mobile Integrated Health program operated by VIFR pursuant to this Agreement, and pursuant to law.

2.2 FTE

"FTE" means Full-Time Equivalent, where 1.0 FTE equals forty (40) hours worked per week unless otherwise specified.

2.3 Administrator

"Administrator" means the individual designated pursuant to Section 3.4 to serve as the responsible administrator of the MIH Program for purposes of **RCW 39.34.030(4)(a)**.

2.4 Allowable Costs

"Allowable Costs" means direct costs reasonably and necessarily incurred by VIFR in operating the MIH Program, including personnel, supplies, equipment, medical oversight, training, and administrative support, consistent with the approved budget and this Agreement. Allowable Costs exclude indirect overhead not directly attributable to MIH Program operations, costs incurred after the effective date of termination, and costs prohibited by applicable law.

2.5 Health Alliance

"Health Alliance" means the multi-provider collaborative convened by VHCD pursuant to Section 7. The Health Alliance shall act as an advisory body.

2.6 Designated Contact

"Designated Contact" means the individual named by each Party pursuant to Section 3.5 as the primary point of contact for day-to-day coordination under this Agreement.

3. PROGRAM AUTHORITY, LEGAL STATUS, AND ADMINISTRATION

3.1 MIH Program Status

The MIH Program is not a separate legal entity. The MIH Program is an operational program administered, staffed, supervised, and controlled solely by VIFR, acting within its statutory authority under Title 52 RCW and applicable medical oversight requirements. For purposes of RCW 39.34.030(4)(a), VIFR is designated as the administrator of this Agreement.

3.2 Personnel

All personnel providing services under the MIH Program shall be employees, contractors, or agents of VIFR.

3.3 No Agency or Partnership

Nothing in this Agreement shall be construed to create a partnership, joint venture, or agency relationship between VHCD and VIFR, nor to confer upon VHCD any operational, clinical, or employment control over the MIH Program. Each Party hereto shall assume liability for its own negligence, errors or omissions. No property shall be exchanged between the Parties under this Agreement, except as allowed by law and documented in writing.

3.4 Administrator

Pursuant to **RCW 39.34.030(4)(a)**, the VIFR Fire Chief (or designee) is hereby designated as the Administrator of the MIH Program under this Agreement. The Administrator is responsible for: (a) overall operational administration of the MIH Program; (b) managing any property acquired in connection with MIH Program operations; (c) serving as VIFR's primary executive contact for purposes of this Agreement; and (d) ensuring VIFR's compliance with the terms of this Agreement. The Fire Chief may delegate day-to-day MIH administration to a qualified subordinate by written notice to VHCD, but shall retain executive responsibility.

3.5 Designated Contacts

Each Party shall designate an operational contact for day-to-day coordination under this Agreement. Initial Designated Contacts shall be identified in writing within thirty (30) days of execution. Either Party may change its Designated Contact by written notice to the other Party. Designated Contacts are responsible for: (a) coordinating monthly and quarterly reporting; (b) communicating operational questions and concerns; and (c) facilitating the annual review process described in Section 5.3.

4. PURPOSE

The purpose of this Agreement is to:

4.1 Enable VIFR to operate the MIH Program under appropriate medical supervision as required by law;

4.2 Establish funding, staffing, administration, and reporting expectations;

4.3 Ensure coordination with other providers and avoidance of unnecessary service duplication; and

4.4 Provide a framework for evaluation and potential expansion of services;

4.5 Set forth the manner by which VIFR is to be compensated for its administration and provision of the MIH Program.

5. TERM

5.1 Term

This Agreement shall commence **January 1, 2026**, and continue through **December 31, 2028**, unless earlier terminated in accordance with this Agreement.

5.2 Phased Structure

(a) Phase One (Operations and Funding): January 1, 2026 – December 31, 2028

(b) Phase Two (Evaluation and Contingent Expansion): Conducted concurrently, subject to mutual written agreement

5.3 Annual Review

The Parties shall meet at least once annually, no later than November 30 of each calendar year, to review program performance, financial status, reporting compliance, and any proposed adjustments to the scope or budget for the following year. The outcome of each annual review shall be documented in writing by the Designated Contacts and retained by both Parties.

6. SCOPE OF SERVICES – PHASE ONE

6.1 Services

VIFR shall operate the MIH Program in accordance with Addendum D

6.2 Primary Care Disclaimer

The MIH Program is not a Primary Care Provider and does not establish a longitudinal primary care relationship. MIH services supplement and coordinate care and do not replace an established primary care provider relationship.

6.3 No Medical Home

Nothing in this Agreement authorizes the MIH Program to function as a primary care clinic, medical home, or ongoing primary care practice.

7. HEALTH ALLIANCE

7.1 VHCD shall establish and facilitate a **Vashon Health Alliance** (or similarly named project) consisting of on- and off-island health care providers and stakeholders.

7.2 VIFR MIH shall be a core participant in the Vashon Health Alliance, which shall act as an advisory body and not a stakeholder of this Agreement, nor shall this confer to the Vashon Health Alliance clinical or operational oversight of VIFR, MIH, or any activity thereof.

8. PHASE TWO – CONTINGENT EXPANSION

8.1 Triggering Events

Phase Two may be activated by mutual written agreement if there is a loss or significant reduction of on-island primary care, urgent care, or other identified service gaps.

8.2 Expanded Services

Expanded services may include additional clinical staffing, expanded access hours, and increased off-island consultation; and may trigger a different level of compensation under this Agreement.

9. STAFFING REQUIREMENTS

During Phase One, VIFR shall maintain at minimum:

(a) 1.0 FTE mid-level provider (PA or ARNP);

(b) 1.0 FTE Registered Nurse;

(c) 1.0 FTE social worker; and

(d) Appropriate administrative support, equipment, and supplies.

VIFR may obtain a variance above staffing in writing under exigent circumstances, with any variance being temporary and not to exceed thirty (30) days irrespective of any provision herein.

10. FUNDING AND PAYMENT

10.1 Phase One Funding

VHCD shall remit **$501,781 to VIFR annually** for calendar years 2026–2028.

10.2 Phase Two Allocation

An annual allocation of **$213,514** is reserved for Phase Two, subject to mutual written agreement.

10.3 Funding Cap

Total VHCD funding shall not exceed **$2,145,952** for the term of this Agreement referenced in Section 5.1 herein, unless amended in writing.

10.4 Payment Schedule

Quarterly invoicing; payment net fifteen (15) days; revenue offsets applied quarterly.

10.5 Budget Establishment and Maintenance

VIFR shall prepare and maintain an annual MIH Program budget, which shall be submitted to VHCD no later than November 15 of each calendar year for the following calendar year. The budget shall itemize projected expenditures by major category (personnel, medical supplies, equipment, medical oversight, training, and administration). Material deviations from the approved budget exceeding ten percent (10%) of any line category shall be reported to the VHCD Designated Contact within thirty (30) days of identification. Budget adjustments within the funding cap do not require formal amendment but shall be documented in writing.

11. OTHER FUNDING AND REVENUE

VIFR bears responsibility for all MIH costs not expressly funded by VHCD and shall pursue grants and reimbursement opportunities from other lawful sources. Additional revenue received by VIFR attributable to MIH Program operations (including billing reimbursements and grants) shall be tracked separately and reported quarterly. VIFR shall maintain records of all MIH Program revenue sufficient to support quarterly reporting and audit review.

One-half of additional revenues received by VIFR that relate substantially to general operational costs of the MIH program within the scope funded by VHCD (including but not limited to insurance reimbursements or operational grants) shall offset funds owed by VHCD to VIFR, unless otherwise mutually agreed in writing. Revenue received by VIFR for specific equipment purchases within the scope of this Agreement, or for service expansions beyond the scope of the Agreement, shall not require any offset to VHCD.

12. REPORTING

Detailed reporting obligations, including monthly, quarterly, and annual requirements, are set forth in **Appendix C**.

12.1 Monthly Reporting Requirements

VIFR shall submit a monthly service activity report to VHCD within fifteen (15) days following the close of each calendar month. Monthly reports shall be summary in nature and shall include:

- **Total Visit Count.** Total number of MIH patient encounters completed during the month, and total number of individual patients served.
- **Medical Visits.** Number of encounters classified as medical visits, broken down by patient volume by day of week (Monday through Friday), consistent with the format established in the program's existing monthly reporting practice.
- **Top 5 Medical Chief Complaints.** The five most frequent presenting medical chief complaints for the month (e.g., UTI, influenza, lacerations, catheter concerns, blood pressure concerns and education).
- **Top 3 Social Work Presenting Issues.** The three most frequent social work presenting issues or activities for the month (e.g., resources/referrals, SUD assessments, dementia/memory care assessments and crisis navigation).
- **911 Referrals and Escalations.** Total number of encounters resulting in referral to 911 or escalation to emergency medical services during the month.
- **Referrals and Care Coordination.** Summary count of outbound referrals made by MIH providers during the month, organized by referral type where readily available.
- **Program Narrative Summary.** A brief narrative (not to exceed one page) summarizing notable program activities, emerging trends, operational highlights, or community needs observed during the month.

Monthly reports shall roll up into and be incorporated within quarterly reporting. Monthly report formats may be adjusted by mutual written agreement of the Parties to reflect operational changes or improvements in data collection.

13. COMPLIANCE AND CONFIDENTIALITY

13.1 General Compliance

Each Party shall comply with all applicable federal, state, and local laws and regulations, including but not limited to: HIPAA; the Washington Uniform Health Care Information Act (Chapter 70.02 RCW); the Public Records Act (**Chapter 42.56 RCW**); the Open Public Meetings Act (**Chapter 42.30 RCW**); and applicable Washington Department of Health requirements. The Parties shall not share medical records under this Agreement unless otherwise provided for by law. The Parties acknowledge the applicability of the Washington State Public Records Act (RCW 42.56 or any recodification thereof).

13.2 Public Records Act

Each Party shall independently comply with the Public Records Act (Chapter 42.56 RCW) with respect to public records in its own custody. If either Party receives a public records request for records relating to MIH Program operations in the custody of the other Party, the receiving Party shall promptly notify the other Party so that each may respond appropriately.

13.3 Open Public Meetings Act

Each Party's Board of Commissioners shall comply with the Open Public Meetings Act (Chapter 42.30 RCW) in connection with any Board action taken relating to this Agreement. Reports submitted under this Agreement are intended for presentation at open public meetings of each Board.

13.4 Non-Discrimination

Neither Party shall discriminate against any patient, employee, contractor, or program participant on the basis of race, color, national origin, sex, sexual orientation, gender identity, disability, age, religion, creed, or any other characteristic protected by applicable federal or state law. Each Party shall operate the MIH Program and discharge its obligations under this Agreement in a manner consistent with applicable anti-discrimination requirements, including Title VI of the Civil Rights Act of 1964.

14. INSURANCE AND RISK ALLOCATION

VIFR shall maintain appropriate professional, general, automobile, and workers' compensation insurance in amounts sufficient to cover MIH Program operations. Evidence of such insurance shall be included in the annual compliance report required under Appendix C. VHCD does not provide clinical services or employ MIH staff. All clinical and operational risk remains with VIFR.

15. INDEMNIFICATION

Each Party shall indemnify, defend, and hold harmless the other Party from claims arising from its own acts or omissions, except to the extent caused by the negligence or willful misconduct of the indemnified Party. Neither Party hereto shall be deemed an agent of the other, as each entity assume independent-contractor status. Clinical and operational control remains with VIFR under this Agreement, while each party remains liable for its own acts, omissions, and statutory responsibilities.

Concurrent Negligence and Waiver of Immunity

The Parties acknowledge and agree that if any claims, actions, suits, liabilities, losses, costs, expenses, or damages arise from the concurrent negligence of both parties, their officers, agents, or employees, this indemnification provision shall be enforceable only to the extent of each party's respective negligence. For the limited purpose of enforcing this indemnification provision, each party expressly waives its immunity under Title 51 RCW, including with respect to any claims, suits, or causes of action brought by one party's employee(s) against the other party.

16. PROPERTY

16.1 Ownership During Term

All equipment, supplies, and other personal property purchased by VIFR using VHCD funds under this Agreement shall be owned by VIFR during the term of this Agreement and used exclusively for MIH Program operations. VIFR shall maintain a basic inventory of VHCD-funded property with a unit cost exceeding five hundred dollars ($500.00) and shall make such inventory available to VHCD upon request.

16.2 Disposition Upon Termination

Upon full or partial termination of this Agreement, the Parties shall negotiate in good faith regarding the disposition of VHCD-funded property. Property disposition options include: (a) transfer to VHCD; (b) retention by VIFR with fair-value credit applied against any final settlement; or (c) sale with proceeds credited to VHCD. If the Parties cannot agree on disposition within sixty (60) days of termination, the matter shall be resolved pursuant to the dispute resolution procedures in **Appendix B**. Records shall be retained as required by applicable law.

17. AUDIT RIGHTS AND RECORDS

17.1 Records Retention

VIFR shall maintain complete and accurate financial and programmatic records relating to the MIH Program, including all invoices, payroll records, contracts, and supporting documentation for expenditures funded by VHCD, for a minimum of six (6) years following the end of the fiscal year in which the expenditure occurred, or longer if required by applicable law.

17.2 VHCD Audit Rights

VHCD shall have the right, upon thirty (30) days' written notice, to review VIFR's financial and programmatic records relating to MIH Program expenditures funded under this Agreement. Such review shall be conducted during normal business hours and shall not unreasonably disrupt VIFR operations. VHCD may conduct such a review no more than once per calendar year, unless a specific concern regarding fund use has been identified in writing.

17.3 State Auditor Access

Both Parties acknowledge that the Washington State Auditor's Office (SAO) has authority under **Chapter 43.09 RCW** to examine the financial affairs of local governments. Each Party shall cooperate fully with any SAO audit or examination and shall provide access to records as required by law.

17.4 Annual Financial Reconciliation

Within sixty (60) days following the close of each calendar year, VIFR shall provide VHCD with a one-page annual financial summary for the MIH Program showing: (a) total VHCD funds received; (b) total Allowable Costs incurred; (c) total program-generated revenue received; (d) revenue offsets applied; and (e) any unexpended balance. VHCD may request supporting documentation for any line item within thirty (30) days of receipt of the summary.

18. FILING AND POSTING

Prior to its entry into force, this Agreement shall be filed with the King County Auditor or, alternatively, listed by subject on each Party's publicly accessible website or other electronically retrievable public source, as required by **RCW 39.34.040**. The Parties shall cooperate to ensure timely filing or posting before any services are rendered or funds are disbursed under this Agreement.

19. NOTICES

All formal notices required or permitted under this Agreement shall be in writing and shall be deemed delivered: (a) when personally delivered; (b) one (1) business day after deposit with a nationally recognized overnight courier; or (c) three (3) business days after deposit in the United States mail, first class postage prepaid, addressed as follows:

If to VHCD:

Vashon Health Care District

Superintendent

P.O. Box 213, Vashon, WA 98070

superintendent@vashonhealthcare.org

If to VIFR:

Vashon Fire and Rescue

Ben Davidson, Deputy Chief (VIFR Designated Contact)

P.O. Box 1150, Vashon, WA 98070

bdavidson@vifr.org

Either Party may change its notice address by providing written notice to the other Party in accordance with this section.

20. TERMINATION

Termination rights and procedures are set forth in **Appendix A**.

21. DISPUTE RESOLUTION

Dispute resolution procedures are set forth in **Appendix B**.

22. AMENDMENTS

This Agreement may be amended, contradicted or modified only by written agreement executed by both Parties.

23. SEVERABILITY

If any provision is held invalid or unenforceable, the remainder shall remain in full force and effect.

24. ENTIRE AGREEMENT

This Agreement, including all Appendices, constitutes the entire agreement between the Parties and supersedes all prior agreements relating to its subject matter. All Appendices hereto are considered part of this Agreement and are hereby incorporated by reference as it fully set forth herein.

25. MISCELLANEOUS

There are no third-party beneficiaries to this Agreement. This Agreement creates rights only between the signatories hereto. The Parties agree that they have had full opportunity to have this Agreement reviewed by legal counsel and are not signing this Agreement under duress or other compulsion. The failure of either party to insist upon strict performance of this Agreement shall not impact that party's right to insist upon strict performance at a later time. This Agreement may be executed in counterparts, i.e. at separate times and separate places, and a copy of this Agreement shall be deemed as valid as an original. This Agreement shall be governed by Washington law. Any rule of construction to the effect that ambiguities are to be resolved against the drafting party shall not apply in interpreting this Agreement. The language in this Agreement shall be interpreted as to its fair meaning and not strictly for or against any party. The

Parties hereto are independent municipal corporations and nothing herein shall preclude either Party from entering into separate agreements.

SIGNATURES

VASHON HEALTH CARE DISTRICT

By: _____

Name: Tim Johnson

Title: Superintendent

Date: 7/9/26

VASHON FIRE AND RESCUE

By: _____

Name: Ben Davidson

Title: Deputy Chief

Date: 7-9-26

By: Brigitte S. Brown

Name: Brigitte Shran-Brown

Title: Board Chair

Date:

APPENDIX A

TERMINATION

A.1 Termination for Convenience

Neither Party shall terminate this Agreement without cause during the term.

A.2 Non-Appropriation

Vashon Health Care District's ("VHCD") obligations under this Agreement extending beyond the current fiscal year are contingent upon the appropriation of funds by the VHCD Board of Commissioners sufficient to fulfill the requirements of this Agreement.

If the VHCD Board of Commissioners fails to appropriate, allocate, or maintain funding for the Mobile Integrated Health (MIH) program in any subsequent fiscal budget, VHCD may terminate this Agreement at the end of the then-current funded fiscal period without penalty, cost, or liability.

VHCD shall provide Vashon Island Fire & Rescue ("VIFR") with written notice of non-appropriation at least ninety (90) days prior to the effective date of termination, or as soon as reasonably practicable following the formal adoption of the budget. Upon termination under this section, VHCD shall only be liable for payment for MIH services satisfactorily performed up to the effective date of termination.

A.3 Termination Due to Inability to Perform/Force Majeure

VIFR is a fire protection district whose primary statutory mandate is emergency fire and rescue response. If, during the term of this Agreement, VIFR determines in its sole discretion that it suffers from a critical deficiency in personnel, equipment, or qualified medical staffing necessary to safely and legally operate the MIH program, VIFR may terminate this Agreement.

Prior to executing a termination under this Section, VIFR shall issue a written "Notice of Performance Hardship" to VHCD, detailing the specific operational or staffing deficiencies preventing performance. The parties shall meet and confer in good faith within fourteen (14) calendar days of the notice to explore potential remedies or adjustments to the MIH scope of work.

If no mutually agreeable remedy is found within thirty (30) calendar days of the initial notice, VIFR may terminate this Agreement by providing ninety (90) days' advanced written notice to VHCD. VIFR shall not be deemed in default or breach of this Agreement for terminations executed under this Section, provided that VIFR returns any unearned, pre-paid funds advanced by VHCD for services not yet rendered.

A.4 Termination for Cause

Either Party may terminate this Agreement for cause upon written notice if the other Party materially breaches any provision of this Agreement and fails to cure such breach within thirty (30) days after receipt of written notice specifying the breach. If the breach is not reasonably capable of cure within thirty (30) days, the breaching Party shall not be deemed in default if it commences cure within such period and diligently pursues cure to completion. For purposes of this Agreement, a "material breach" shall be construed to mean failure of VHCD to compensate VIFR pursuant to the Agreement's terms, or the failure

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APPENDIX B

DISPUTE RESOLUTION

B.1 Good Faith Resolution

The Parties shall attempt in good faith to resolve disputes through informal discussions between their respective Designated Contacts.

B.2 Written Notice of Dispute

If unresolved within fifteen (15) days of initial discussion, either Party may issue written notice identifying the dispute, relevant Agreement provisions, and relief sought.

B.3 Board Escalation

Within thirty (30) days of notice, disputes shall be escalated by the Superintendent of VHCD and the Fire Chief (MIH Program Administrator) of VIFR to the Boards of both Parties for further negotiation.

B.4 Mediation

If unresolved after Board escalation, the Parties may mutually agree to non-binding mediation in Washington State. Costs shall be shared equally unless otherwise agreed.

B.5 Judicial Remedies Preserved

Nothing herein limits either Party's right to seek judicial or equitable relief to protect statutory authority, public funds, or public health and safety.

B.6 Governing Law and Venue

Washington law governs this Agreement. Venue shall lie exclusively in **King County, Washington**.

of either Party to otherwise conform with any provision of this Agreement in a manner that substantially impacts the essential purpose of this Agreement, subject to Appendix B herein.

A.5 Immediate Termination

Either Party may terminate this Agreement immediately upon written notice if:

(a) The other Party loses legal authority or licensure required to perform its obligations;

(b) Required insurance coverage lapses, is materially reduced, or is cancelled and not promptly restored;

(c) Continued performance would violate applicable law or regulatory directive; or

(d) Continued performance presents a material and unmitigable threat to public health, safety, or welfare.

A.6 Effect of Termination

Upon termination:

(a) VHCD shall pay VIFR for all undisputed Allowable Costs (as defined in Section 2.4) incurred through the effective date of termination, subject to funding limits;

(b) VIFR shall submit a final invoice and accounting within ninety (90) days of the termination effective date;

(c) Disposition of VHCD-funded property shall be addressed in accordance with Section 16.2;

(d) Each Party shall retain records as required by applicable law; and

(e) Provisions relating to indemnification, confidentiality, audit rights, accrued reporting obligations, and dispute resolution shall survive termination.

A.7 No Penalty or Waiver

Termination shall not constitute a waiver of rights or remedies, nor give rise to penalties or damages except as expressly provided herein.

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APPENDIX C

REPORTING REQUIREMENTS, QUALITY OVERSIGHT, AND PROGRAM REPRESENTATION

C.1 Reporting Requirements for MIH

(a) Annual Reporting

VIFR shall submit an annual compliance report to both Boards no later than January 31 of each calendar year, covering the prior year. The annual report shall include:

- Proof of current licensure for all MIH program providers, including copies of applicable Washington State licenses and any required certifications;
- Evidence of current insurance coverage, including certificates of insurance confirming all coverage types required under Section 14 of this Agreement;
- Documentation of applicable accreditation status for the MIH program and its service lines, including any accrediting body name, accreditation level, and expiration date; and
- Confirmation of current credentialing status for all licensed independent practitioners providing clinical services under the MIH Program, including verification of privileging, medical oversight, and any supervision agreements as required by applicable law and VIFR's credentialing policies.

(b) Quarterly Reporting

VIFR shall provide quarterly reports to VHCD within thirty (30) days following the close of each calendar quarter. Quarterly reports shall include all of the following elements:

- **Visit Log.** A log of all MIH patient visits during the reporting period, organized by date and time of service. Individual patient identifiers shall not be included, consistent with HIPAA and applicable confidentiality requirements.
- **Complaint and Clinical Activity Summary.** Aggregate, de-identified summary of: (i) patient complaints received and their disposition; (ii) presenting complaint categories and primary diagnoses by general category; and (iii) treatment modalities provided, summarized by type of intervention.
- **Escalation and De-Escalation Activity.** Aggregate data reflecting: (i) the number of encounters escalated to EMS or ED transport; and (ii) the number of encounters in which EMS or ED resources were diverted through MIH intervention.
- **Referrals.** Aggregate summary of outbound referrals by category (e.g., primary care, specialty care, behavioral health, social services, SUD treatment, community resources). Where available, follow-up completion rates shall be reported.
- **Demographic Information.** Anonymized, aggregate demographic data including age range, sex, insurance status, and, where self-reported and voluntarily disclosed, race and ethnicity.

- **Quality Assurance Activity Summary.** A summary of QA activities conducted during the quarter, including reviews completed, adverse events identified and corrective actions taken, and medication-related issues escalated. Nothing in this subsection shall require disclosure of privileged peer-review materials or protected health information.
- **Financial Summary.** A summary of: (i) VHCD funds received and Allowable Costs incurred; (ii) program-generated revenues received; and (iii) revenue offsets applied during the quarter, consistent with Section 11.

C.2 Board Distribution

All reports required under this Appendix shall be **identical in content** and delivered concurrently to the **Vashon Health Care District Board of Commissioners** and the **Vashon Fire and Rescue Board of Commissioners**.

C.3 Quality Oversight and Statutory Alignment

Reporting under this Appendix is intended to support VHCD's statutory oversight and quality-assurance responsibilities as a public hospital district, but shall not be construed as a replacement or supersession of VHCD's statutory obligations. Nothing in this Agreement shall be interpreted to transfer clinical responsibility, medical decision-making authority, or provider status to VHCD.

C.4 Data Protection and Confidentiality

All reporting shall comply with **HIPAA**, state confidentiality laws, the Public Records Act (Chapter 42.56 RCW), and applicable Department of Health requirements. No individually identifiable patient information shall be disclosed unless expressly authorized by law.

C.5 Program Representation

All reports and public communications shall:

(a) Identify the MIH Program as **operated by Vashon Fire and Rescue**

(b) Avoid characterizing the MIH Program as a primary care provider or hospital service; and

(c) Avoid language implying VHCD operational or clinical control.

C.6 Public Communications Disclaimer

The following public-communications disclaimer shall be displayed on the VIFR and VHCD websites and shall be communicated to recipients or beneficiaries of the MIH Program: *"The Mobile Integrated Health (MIH) Program is operated by Vashon Fire and Rescue. MIH services supplement and coordinate care and do not replace an established primary care provider relationship."*

APPENDIX D

MIH PROGRAM SCOPE OF WORK

D.1 General Scope of Work

During Phase One, VIFR shall operate the MIH Program to provide clinic-based, in-home, and other community-based health care services on Vashon Island, utilizing a team-based care model that may include advanced practice providers, nurses, social workers, and other health care professionals as determined appropriate by VIFR. MIH Program care is intended to address acute and urgent needs, provide bridging support for chronic disease management and primary care access, and furnish social work and care-coordination services for crisis, acute, and chronic needs. The MIH Program is not a replacement for primary care, hospital-based services, or emergency services.

D.2 MIH Program Services

Subject to available staffing, appropriate medical oversight, patient appropriateness, and applicable law, MIH Program services shall include, but are not limited to, the following:

(a) Performing physical examinations, patient assessment, hospital discharge follow-up, and emergency department diversion care;

(b) Providing bridging support for chronic disease management and continuity of care where a patient does not have timely access to a primary care provider;

(c) Ordering and interpreting diagnostic tests, including but not limited to laboratory tests, electrocardiograms (ECG), X-rays, ultrasound, CT, MRI, and other imaging modalities, as clinically appropriate;

(d) Developing treatment plans, providing patient education, and initiating or administering treatment modalities or medications, as clinically appropriate;

(e) Evaluating and treating simple infections and similar low-acuity conditions, including urinary tract infections, ear infections, conjunctivitis, COVID-19, influenza, RSV, wound infections, cellulitis, yeast infections, sinus infections, and similar conditions, as clinically appropriate;

(f) Performing minor procedures, including suturing, foreign body removal, splinting, wound care, incision and drainage, toenail removal, and similar procedures, as clinically appropriate;

(g) Initiating appropriate referrals and arranging appropriate follow-up care;

(h) Connecting patients to appropriate island resources and assisting patients in accessing county, state, and federal resources, as appropriate, for food, shelter, housing, medical care, and financial support;

(i) Assessing caregiver needs, conducting fall-risk assessments, and identifying other functional, social, or environmental barriers affecting patient health and safety;

(j) Providing short-term case management to assist patients in navigating the health care system and accessing appropriate services;

(k) Assisting patients with end-of-life issues, including referrals to palliative care and hospice care, as appropriate;

(l) Providing support with memory-related concerns and initiating referrals for neurocognitive evaluation, as appropriate; and

(m) Coordinating with on-island and off-island providers, specialists, and community partners, as appropriate, to support continuity of care and reduce unnecessary duplication of services.

D.3 Behavioral Health and Social Work Services

The MIH Program shall provide behavioral health and social work support services, including assessment, brief clinical intervention, crisis support, and complex case management supported by VIFR social work staff. The MIH Program may also initiate referrals to outpatient and inpatient mental health and substance use disorder treatment providers, as appropriate.

D.4 Nature of Services

The services described in this Appendix are intended to describe the general scope of the MIH Program and shall not be construed to require any specific service in every case. VIFR may adapt service delivery in response to patient needs, available staffing, medical oversight, and evolving island conditions, provided that such services remain within the scope of this Agreement and applicable law.

D.5 No Replacement for Primary or Emergency Care

The MIH Program is intended to supplement and coordinate care. Nothing in this Appendix shall be construed to establish the MIH Program as a replacement for an established primary care provider relationship, hospital-based care, or emergency medical response.